

**TRANSCRIPT ORDER**

**DUE DATE:**

1. NAME <b>Amanda C. Sheridan</b>				2. PHONE NUMBER <b>602-382-6304</b>		3. DATE <b>06/22/16</b>	
4. FIRM NAME <b>Snell &amp; Wilmer L.L.P.</b>							
5. MAILING ADDRESS <b>400 E. Van Buren Street</b>				6. CITY <b>Phoenix</b>		7. STATE <b>AZ</b>	
8. ZIP CODE <b>85004</b>							
9. CASE NUMBER <b>2:15-MD-02641-DGC</b>		10. JUDGE <b>Campbell</b>		DATES OF PROCEEDINGS			
				11. <b>06/21/2016</b>		12.	
13. CASE NAME <b>In Re Bard IVC Filters Products Liability Litigation</b>				LOCATION OF PROCEEDINGS			
				14. <b>Phoenix</b>		15. STATE <b>Arizona</b>	
16. ORDER FOR							
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING		<b>06/21/2016 - entire hearing</b>	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING							
<input type="checkbox"/> BAIL HEARING							
18. ORDER							
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		ESTIMATED COSTS	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY			
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)			
7 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ASCII (e-mail)			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>					
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS <b>asheridan@swlaw.com; pritchey@swlaw.com</b>			
19. SIGNATURE <b>s/Amanda C. Sheridan</b>				<b>NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.</b>			
20. DATE <b>06/22/2016</b>							
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL			
ORDER RECEIVED	DATE	BY	PROCESSED BY		PHONE NUMBER		
DEPOSIT PAID			DEPOSIT PAID				
TRANSCRIPT ORDERED			TOTAL CHARGES				
TRANSCRIPT RECEIVED			LESS DEPOSIT				
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT			TOTAL DUE				